



**Arizona Department of Health Services
Tuberculosis (TB) Control Program
Confidential Reporting
Phone 602-364-4750, Fax 602-364-3267**

Two or More Anti-Tuberculosis Drugs Filled for an Individual for the First Time after October 2, 2004

Patient Information			
Last Name		First Name	
Address		City	State Zip Code
Phone: (Home) (Cell / Other)		Date of Birth	
Prescription Information			
Name of Drugs Prescribed (isoniazid, streptomycin, any rifamycin, pyrazinamide, or ethambutol):			
Date of Prescription	Name of Prescribing Health Care Provider		Phone Number of Provider
Pharmacy Information			
Name of Pharmacy		Pharmacy Contact	Phone Number
Address		City Zip Code	County

The Arizona Administrative Code R9-6-205, effective October 2, 2004, requires all pharmacists or administrators of a pharmacy to report to the Arizona Department of Health Services when filling a prescription for two or more anti-tuberculosis medications (isoniazid, streptomycin, any rifamycin, pyrazinamide, or ethambutol). Reporting is only required the first time the prescription is filled for any patient and the first time it is filled after October 2, 2004 for those who were started on anti-TB drugs before October 2004.